CT0220197

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

RECEIVED Attorney General's Office

State Charity Registration Number: CT 0220197			Check if: MAY 1 6 2018			118		
REACT INTERNATIONAL INC.				Amended report Registry of Charitable Trust				
1331 RANDALL STREET			Corporate or Organization No. 3699099					
Address (Number and Street)  GLENDALE, CA 91201				Federal Employer I.D. No. 51-0168558				
City or Town, State and ZIP Code  ANNUAL REGISTE N	RATION R	RENEWAL FEE SCHEDULE (11 Cal ck Payable to Attorney General's I	l. Code Regs	s. sections 301-3	307, 311, and 312)			
Gross Receipts Fee Gross Annual Revenue			Fee Gross Annual Revenue			Fee	<u></u>	
Less than \$25,000 0 Between \$100,001 and \$250,0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 mill							25	
PART A - ACTIVITIES								
For your most recent full acc	ounting (	period (beginning $01/01/20$ $15,514$ . Total assets \$_	)17_ end	ling <u>12/31</u> 45,397.	<u>/2017</u> ) list:			
PART B - STATEMENTS REGARDI								
Note: If you answer "yes" to any	of the au	estions below, you must attach a -1 instructions for information req	separate pa		explanation and details	for eac	;h	
				tiene betwee	on the organization	Yes	No	
<ol> <li>During this reporting period, we and any officer, director or trus any financial interest?</li> </ol>	re there a tee thered	any contracts, loans, leases or other of either directly or with an entity in v	which any su	ch officer, directo	or or trustee had		х	
<ol> <li>During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</li> </ol>							х	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?							х	
<ol> <li>During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.</li> </ol>							x	
<ol> <li>During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?</li> <li>If "yes," provide an attachment listing the name, address, and telephone number of the service provider.</li> </ol>							х	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.							х	
<ol> <li>During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</li> </ol>							x	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.							x	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							x	
Organization's area code and telephone		301-316-2900						
Organization's e-mail address								
I declare under penalty of perjury that is true, correct and complete.	have exa	mined this report, including accompany	ying documen	ts, and to the best	of my knowledge and belief	, the co	ntent	
John Cop co		HN CAPODANNO		PRESIDENT	5	17/1	Y	
Signature of authorized officer	Prit	nted Name		ine		- ,		

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